

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

RECEIVED
FEC MAIL CENTER2009 MAR 26 3:52 PM
Office use only1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

ADDRESS (number and street)

PO BOX 9606

☐(Check if address
is changed)

MISSION HILLS

CA

91346

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address
is changed)

angelotti@pharmavite.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

MM
03DD
24YYYY
2008

3. FEC IDENTIFICATION NUMBER

C C00410854

4. IS THIS STATEMENT

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Jole Angelotti

Signature of Treasurer

Date

MM
03DD
23YYYY
2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-6530
Local 202-694-1100**FEC FORM 1**

(Revised 02/2009)

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